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	\mathscr{A}'	B.
ARIZONA	A STATE BOARD OF HEALTH	State File No. 180
? DIACR OR/BUSTS	BUREAU OF VITAL STATISTICS	
STA	NDARD CERTIFICATE OF BIRTH	Registered No.
County Villa	State Mizou	
District or Township	or Village	
iv Blake .	VI 7 ALIGNOS (1980)	
"y	(If birth occurred in a hospital or institution,	give its NAME instead of street and number)
ull name of child Magell G	wanella Be leve	If child is not yet named, make
	, triplet or other	supplemental report, as directed.
in event of plural	7.	Date of birth Mu. 26 1927
births, . 5. No., i	n order of birth	Month Day Year
8. FATHER	14. //	MOTHER
Full name	Full maiden name	B. W.
many many pa	y we was	ua Would linghouse
9. Residence (Usual place of abode)	15 Residence (Usual place of abode)	Lloly Rin
If non-resident, give place and state.	If non-resident, give pla	ace and state.
10. Color or race	16 Color or race	
7/2 4		
While 11. Age at last birthday	2.8 (Years) /Wille	17. Age at last birthday 24 (Years)
12. Birthplace (city or place) Lauchas		7/2
	18. Birthplace (city or place	maple of
(State or country)	(State or country)	Lefax
13. Occupation	19. Occupation	
Nature of Industry Minus	Nature of industry	dansword.
	/	
		1. Were precautions taken against oph-
	(c) Stillborn	thaimia neonatorum
		ger. 1/4 Wolanger
I hereby certify that I attended the birth of this child,	OF ATTENDING PHYSICIAN OR MIDWIFE	23. G.m. on the date above stated
	(Born slive or tillborn.)	M. VII (ME CALE BUTT SIX (80
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	ture /	
child is one that neither breathes nor shows other evidence of life after birth.	Chique	einen 1
	(No A) O	(Physician or midwife).
Given name added from a supplemental report	Address Slige UK	icoua
Month, day, year	4-30 -27 7	Su / 36 1
Registrar	Filed 27 30 19 6	Registrar
-	-326-525	
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